

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000030463

1. Entity Name

LACK OF SLEEP, INC.

FILED
Apr 17, 2000 8:00 am
Secretary of State

04-17-2000 90152 021 ***150.00

Principal Place of Business

Mailing Address

2300 N.E. 33 AVE., STE. 404
FT. LAUDERDALE FL 33305

2300 N.E. 33 AVE., STE. 404
FT. LAUDERDALE FL 33305-1840

2. Principal Place of Business

855 HOLLYWOOD BLVD.

3. Mailing Address

855 HOLLYWOOD BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

HOLLYWOOD, FL

City & State

HOLLYWOOD, FL

Zip

33019

Country

USA

Zip

33019

Country

USA

4. FEI Number

65-0907599

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WHITER, KELLEY
2300 N.E. 33 AVE., STE. 404
FT. LAUDERDALE FL 33305

7. Name and Address of New Registered Agent

Name

KELLEY WHITER

Street Address (P.O. Box Number is Not Acceptable)

855 HOLLYWOOD BLVD.

City

HOLLYWOOD

FL

Zip Code

33019

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

KELLEY WHITER, PRESIDENT

(NOTE: Registered Agent signature required when reinstating)

4-10-00

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)

☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **WHITER, KELLEY**
STREET ADDRESS **2300 N.E. 33 AVE., STE. 404**
CITY-ST-ZIP **FT. LAUDERDALE FL 33305**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PRESIDENT** ☒ Change ☐ Addition
NAME **KELLEY WHITER**
STREET ADDRESS **855 HOLLYWOOD BLVD.**
CITY-ST-ZIP **HOLLYWOOD, FL 33019**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **KELLEY WHITER, PRESIDENT 4-10-00**

Date

Daytime Phone #